

READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

Approved by OMB
3060-0589
Page No. ____ of ____

(1) LOCKBOX #

SPECIAL USE

FCC USE ONLY

SECTION A - PAYER INFORMATION

(2) PAYER NAME (If paying by credit card, enter name exactly as it appears on the card)
TECHNOLOGIES MANAGEMENT, INC.

(3) TOTAL AMOUNT PAID (U.S. Dollars and cents)
\$895.00

(4) STREET ADDRESS LINE NO. 1
210 PARK AVENUE NORTH

(5) STREET ADDRESS LINE NO. 2

(6) CITY
WINTER PARK

(7) STATE
FLORIDA

(8) ZIP CODE
32789

(9) DAYTIME TELEPHONE NUMBER (Include area code)
407-740-8575

(10) COUNTRY CODE (If not in U.S.A.)

FCC REGISTRATION NUMBER (FRN) REQUIRED

(11) PAYER (FRN)
0005-0215-06

(12) FCC USE ONLY

**IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)
COMPLETE SECTION BELOW FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET**

(13) APPLICATION NAME
STS CONNECT, INC.

(14) STREET ADDRESS LINE NO. 1
2209 5th STREET

(15) STREET ADDRESS LINE NO. 2

(16) CITY
WENATCHEE

(17) STATE
WASHINGTON

(18) ZIP CODE
98001

(19) DAYTIME TELEPHONE NUMBER (Include area code)
818-592-0080

(20) COUNTRY CODE (If not in U.S.A.)

FCC REGISTRATION NUMBER (FRN) REQUIRED

(21) APPLICANT (FRN)
0012126751

(22) FCC USE ONLY

COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET

(23A) CALL SIGN/OTHER ID

(24A) PAYMENT TYPE CODE
CUT

(25A) QUANTITY
1

(26A) FEE DUE FOR (PTC)
\$860.00

(27A) TOTAL FEE
\$895.00

FCC USE ONLY

(28A) FCC CODE 1

(29A) FCC CODE 2
IB2004001196

(23B) CALL SIGN/OTHER ID

(24B) PAYMENT TYPE CODE

(25B) QUANTITY

(26B) FCC DUE FOR (PTC)

(27B) TOTAL FEE

FCC USE ONLY

(28B) FCC CODE 1

(29B) FCC CODE 2

SECTION D - CERTIFICATION

CERTIFICATION STATEMENT

I, Thomas M. Forte, Consultant to STS Connect, Inc., certify under penalty of perjury that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.

SIGNATURE _____

DATE: November 16, 2004

SECTION E - CREDIT CARD PAYMENT INFORMATION

MASTERCARD _____ VISA _____ AMEX _____ DISCOVER _____

ACCOUNT NUMBER _____

EXPIRATION DATE _____

I hereby authorize the FCC to charge my credit card for the service(s) / authorization herein described.

SIGNATURE _____

DATE _____